

City Clerk File Note: There is no Attachment 1 to Exhibit A.

MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN
IMMIGRATION AND CUSTOMS ENFORCEMENT AND LOCAL,
COUNTY, OR STATE LAW ENFORCEMENT AGENCY FOR THE
REIMBURSEMENT OF JOINT OPERATIONS EXPENSES FROM
THE TREASURY FORFEITURE FUND

This Agreement is entered into by the TUCSON POLICE DEPARTMENT (NCIC CODE #AZ0100300) and Immigration and Customs Enforcement (ICE), SAC PHOENIX for the purpose of the reimbursement of costs incurred by the TUCSON POLICE DEPARTMENT in providing resources to joint operations/task forces.

Payments may be made to the extent they are included in the ICE Fiscal Year Plan (October through September), and the money is available within the Treasury Forfeiture Fund to satisfy the request(s) for the reimbursement of overtime expenses and other law enforcement expenses related to joint operations.

I. LIFE OF THIS AGREEMENT

This Agreement becomes effective on the date it is signed by both parties. It remains in force unless explicitly terminated, in writing, by either party.

II. AUTHORITY

This Agreement is established pursuant to the provisions of 31 USC 9703, the Treasury Forfeiture Fund Act of 1992, which provides for the reimbursement of certain expenses incurred by local, county, and state law enforcement agencies as participants of joint operations/task forces with a federal agency participating in the Treasury Forfeiture Fund.

III. PURPOSE OF THIS AGREEMENT

This Agreement establishes the responsibilities of both parties and the procedures for the reimbursement of certain overtime expenses and other law enforcement expenses pursuant to 31 USC 9703.

IV. APPLICABILITY OF THIS AGREEMENT

This agreement is valid for all joint investigations led by ICE SAC PHOENIX, with the participation of the TUCSON POLICE DEPARTMENT, and until terminated, in writing, by either party.

V. TERMS, CONDITIONS, AND PROCEDURES

A. Assignment of Officer(s)

To the maximum extent possible, the TUCSON POLICE DEPARTMENT shall assign dedicated officers to any investigation or joint operation. Included as part of this Agreement, the TUCSON POLICE DEPARTMENT shall provide the ICE SAC PHOENIX with the names, titles, four last digits of SSNs, badge or ID numbers, and hourly overtime wages of the officer(s) assigned to the joint operation. Attachment 2 "State or Local Law Enforcement Personnel Assigned to Participate in the State and Local Overtime and Authorized Expense Program" is the form that should be used to provide the above information with your signed MOU. This form can also be used, as necessary, to update this information throughout the year. This form should be submitted with the overtime invoices whenever there are changes.

B. Submission of Requests for Reimbursement (Invoices) and Supporting Documentation

The TUCSON POLICE DEPARTMENT may request the reimbursement of overtime salary expenses directly related to work on a joint operation with ICE SAC PHOENIX, performed by its officer(s) assigned to this joint operation. The TUCSON POLICE DEPARTMENT must provide a separate breakdown, by officer, of the date(s) and number of hours they worked overtime along with the referencing case and/or seizure numbers, in addition to the overtime invoice. The TUCSON POLICE DEPARTMENT may request reimbursement for other investigative expenses, such as travel, training and other similar costs, incurred by officer(s) assigned as members of the designated joint operations with the ICE SAC PHOENIX. Attachment 3 "Local, County and State Law Enforcement Agency Request for Reimbursement of Joint Operation Expenses" is the overtime invoice to be submitted at least bi-weekly to the ICE DSAC Tucson, to the attention of Cindy Taerbaum.

The TUCSON POLICE DEPARTMENT may not request the reimbursement of the same expenses from any other Federal law enforcement agencies that may also be participating in the investigation.

- 1. Reimbursement payments will not be made by check.** To receive reimbursement payments, the TUCSON POLICE DEPARTMENT must ensure that Customs and Border Protection, National Finance Center (CBP/NFC) has a current ACH Form on file with the agency's bank account information, for the purposes of Electronic Funds Transfer. Attachment 4 "ACH Vendor/Miscellaneous Payment Enrollment Form" should be completed and sent back with your signed MOU.

If any changes occur in the law enforcement agency's bank account information, after the initial form is sent back to the SAC Phoenix, a new ACH Form must be filled out and sent to the CBP/NFC, as soon as possible, to the following address:

CBP National Finance Center
Attn: Forfeiture Fund
6026 LAKESIDE BLVD.
INDIANAPOLIS, IN 46278

2. In order to receive the reimbursement of officers' overtime and other expenses related to joint operations, the TUCSON POLICE DEPARTMENT must submit to ICE SAC PHOENIX the TEOAF Form "Local, County, and State Law Enforcement Agency Request for Reimbursement of Joint Operations Expenses (Invoice, attached)", signed by an authorized representative of that agency and accompanied by supporting documents such as copies of time sheets including the case and/or seizure numbers.
3. The TUCSON POLICE DEPARTMENT remains fully responsible, as the employer of the officer(s) assigned to the investigation, for the payment of overtime salaries and related benefits such as tax withholdings, insurance coverage, and all other requirements under the law, regulation, ordinance, or contract, regardless of the reimbursable overtime charges incurred. Treasury Forfeiture Fund reimburses overtime salaries. Benefits are not reimbursable.
4. The maximum reimbursement entitlement for overtime worked on behalf of the joint investigation is set at \$15,000 per officer per year.
5. The TUCSON POLICE DEPARTMENT will submit all requests for the reimbursement of joint operations' expenses to ICE, DSAC TUCSON, at the following address: 7400 N. Oracle Road, Suite 242, Tucson, AZ 85704, Attn. Cindy Taerbaum, Ph. 520-229-5171.

VI. PROGRAM AUDIT

This Agreement and its provisions are subject to audit by ICE, the Department of the Treasury Office of Inspector General, the General Accounting Office, and other government designated auditors. The TUCSON POLICE DEPARTMENT agrees to permit such audits and agrees to maintain all records relating to these transactions for a period not less than three years; and in the event of an on-going audit, until the audit is completed.

These audits may include reviews of any and all records, documents, reports, accounts, invoices, receipts of expenditures related to this agreement, as well as interviews of any and all personnel involved in these transactions.

VII. ICE POINT OF CONTACT

Questions about payment of invoices, about this MOU, or any other questions about the overtime program, should be addressed to Cindy Taerbaum, of the DSAC Tucson office. She can be reached by telephone 520-229-5171 or by email cindy.taerbaum@dhs.gov from 8:30 a.m. to 5:00 p.m., Monday through Friday.

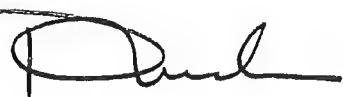
VIII. REVISIONS

The terms of this Agreement may be amended upon the written approval by both parties. The revision becomes effective on the date of approval.

IX. NO PRIVATE RIGHT CREATED

This is an internal government agreement between the ICE SAC PHOENIX and the TUCSON POLICE DEPARTMENT, and is not intended to confer any right or benefit to any private person or party.

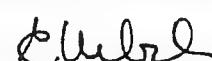
Signatures:

Interim SAC
Immigration and Customs Enforcement
Phoenix, Arizona

Date: 3/10/05

Approved as to Form:


City Attorney/City of Tucson

Date: 4.18.05

Chief of Police
Tucson Police Department
Tucson, Arizona

Date: 4/14/05

Attest:


City Clerk/City of Tucson

Date: May 3, 2005

STATE OR LOCAL LAW ENFORCEMENT PERSONNEL ASSIGNED
TO PARTICIPATE IN THE STATE AND LOCAL OVERTIME AND
AUTHORIZED EXPENSE PROGRAM

State or Local Agency: _____

OCDETF: Yes _____ No _____

OCDETF Investigation Number(s): _____

If Non-OCDETF, related U.S. Immigration and Customs Enforcement Case Number(s):

The law enforcement personnel listed below are provided to assist with the above identified investigation. Any modification of the list of law enforcement personnel must be agreed to in writing by all of the parties to this Agreement and made a part of this Agreement.

NAME	TITLE/RANK	O/T HOURLY WAGE RATE	DOB	SSN
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				



Revised 12/98

The Department of the Treasury
LOCAL, COUNTY, AND STATE LAW ENFORCEMENT AGENCY
REQUEST FOR REIMBURSEMENT OF JOINT OPERATIONS EXPENSES

TO: <input type="text"/> ATF	<input type="text"/> CUSTOMS	<input type="text"/> IRS	<input type="text"/> SECRET SERVICE
OCDETF CASE #	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TFF TRACKING NUMBER <input type="text"/>

NAME OF AGENCY: TAX ID. NUMBER:
ADDRESS:
CONTACT PERSON: TELEPHONE NO:

DATES FOR WHICH THE REIMBURSEMENT IS REQUESTED: FROM: TO:

OVERTIME EXPENSES

NAME OF OFFICER	TITLE	HOURS WORKED	HOURLY RATE	TOTAL
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

TOTAL OVERTIME AMOUNT REQUESTED TOTAL NUMBER OF REGULAR HOURS WORKED DURING THIS BILLING PERIOD(S) ON CASES WHICH OVERTIME WAS
REQUESTED BY THE OFFICERS LISTED ABOVE. HOURS

OTHER EXPENSES

PURPOSE AND OR TYPE OF EXPENSE	TOTAL
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TOTAL OTHER EXPENSE REQUESTED

TOTAL REIMBURSEMENT REQUESTED

certify that the information provided above is accurate and represents actual costs incurred by this agency

(Requesting Agency) NAME TITLE SIGNATURE DATE

TREASURY AGENT REVIEW SIGNATURE DATE

EOAF APPROVAL DATE EOAF APPROVAL DATE

NOTE: OCDETF CASES - A COPY OF THIS DOCUMENT SHALL BE SENT TO THE AGENCY CORE CITY COORDINATOR

ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY

U. S. CUSTOMS AND BORDER PROTECTION

AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT:
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> CCO+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP

ADDRESS:
NATIONAL FINANCE CENTER, 6026 LAKESIDE BLVD.

INDIANAPOLIS, IN 46278

CONTACT PERSON NAME: FORFEITURE FUND TEAM/Attn: Eliot VanVelzen	TELEPHONE NUMBER: [REDACTED]
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ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME City of Tucson - Police Department	ISSN NO. OR TAXPAYER ID NO. [REDACTED]
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ADDRESS Finance Department - Accounting Division, 255 West Alameda, P. O. Box 27450	
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Tucson, AZ 85726-7450

CONTACT PERSON NAME: Mario Reyes	TELEPHONE NUMBER: [REDACTED]
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FINANCIAL INSTITUTION INFORMATION

NAME: Wells Fargo Bank Arizona N. A.	
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ADDRESS: 100 West Washington	
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Phoenix, AZ 85003

ACH COORDINATOR NAME: Janice Myers	TELEPHONE NUMBER: [REDACTED]
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NINE-DIGIT ROUTING TRANSIT NUMBER:
[REDACTED]

DEPOSITOR ACCOUNT TITLE: City of Tucson, Treasurer's Deposit A/C	
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DEPOSITOR ACCOUNT NUMBER: [REDACTED]	LOCKBOX NUMBER: [REDACTED]
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TYPE OF ACCOUNT:

CHECKING SAVINGS LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	TELEPHONE NUMBER: [REDACTED]
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NSN 7540-01-274-9925

SF 3881 (Rev 12/90)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210

Attachment 4 to Exhibit A
To Resolution 20067

Resolutions

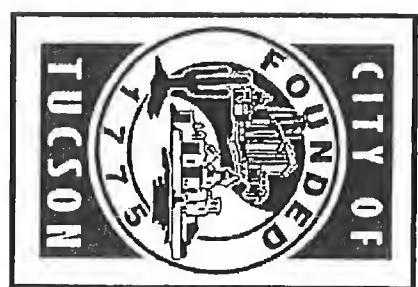
20067



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Resolution No. 20067
Adpoted: 05/03/2005
Folder 3

City Clerk- Legislative Management
City of Tucson Archive
002-003-0003 0012



A T C

ADOPTED BY THE
MAYOR AND COUNCIL

May 3, 2005

RESOLUTION NO. 20067

RELATING TO LAW ENFORCEMENT; APPROVING AND AUTHORIZING THE MEMORANDUM OF UNDERSTANDING BETWEEN THE CITY OF TUCSON, TUCSON POLICE DEPARTMENT AND IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) FOR REIMBURSEMENT OF JOINT OPERATIONS EXPENSES FROM THE TREASURY FORFEITURE FUND; AND DECLARING AN EMERGENCY.

BE IT RESOLVED BY THE MAYOR AND COUNCIL OF THE CITY OF TUCSON, ARIZONA, AS FOLLOWS:

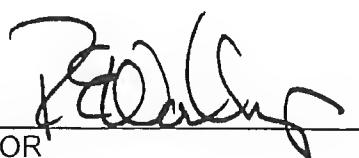
SECTION 1. The Memorandum of Understanding between the City of Tucson, Tucson Police Department and Immigration and Customs Enforcement (ICE) for reimbursement of joint operations expenses from the Treasury Forfeiture Fund, attached hereto as Exhibit A, is approved.

SECTION 2. The Chief of Police is hereby authorized and directed to execute the said Memorandum of Understanding for and on behalf of the City of Tucson and to execute any further amendments, extensions or agreements that are substantially similar in form for a period not to exceed five years from the original expiration date of this Agreement, and the City Clerk is directed to attest the same.

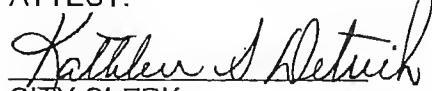
SECTION 3. The various City officers and employees are authorized and directed to perform all acts necessary or desirable to give effect to this resolution.

SECTION 4. WHEREAS, it is necessary for the preservation of the peace, health and safety of the City of Tucson that this resolution become immediately effective, an emergency is hereby declared to exist and this resolution shall be effective immediately upon its passage and adoption.

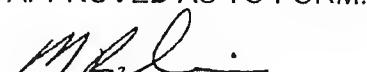
PASSED, ADOPTED AND APPROVED by the Mayor and Council of the City of Tucson, Arizona May 3, 2005.


MAYOR

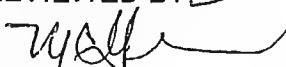
ATTEST:


CITY CLERK

APPROVED AS TO FORM:


CITY ATTORNEY

REVIEWED BY:


CITY MANAGER


EU:tme
04/18/2005 3:06 PM